

APPLICATION DATA SHEET**Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)::	
Number of copies of CRF::	
Title::	8-SUBSTITUTED IMIDAZOPYRIDINES
Attorney Docket Number::	26741U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggest Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Wilm
Middle Name::
Family Name:: BUHR
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Zum Kirchenwald 7,
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78465

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Jörg
Middle Name::
Family Name:: SENN-BILFINGER
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Säntisstrasse 7,
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78464

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Peter
Middle Name:: Jan
Family Name:: ZIMMERMANN
Name Suffix::
City of Residence:: Radolfzell
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Zum Lerchental 43/1
City of mailing address:: Radolfzell
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78315

Correspondence Information

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Country of mailing address:: US
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Representative Information

Representative Customer Number::	034375
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
			04 September 2002 (02.09.2002)

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02025866.1	19 November 2002 (19.11.2002)	Yes

Assignee Information

Assignee name:: Altana Pharma AG
Street of mailing address:: Byk-Gulden-Str. 2
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78467